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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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7590

Robert R. Williams IBM Corporation - Dept. 917 3605 Highway 52 North Rochester, MN 55901



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(Depositor's name) (Signature) (Date)

-	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/045,755	01/11/2002	Anthony Gus Aipperspach	ROC920010207US1	9673

TITLE OF INVENTION: COMPACT SRAM CELL LAYOUT FOR IMPLEMENTING ONE-PORT OR TWO-PORT OPERATION

l	APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1330	)	\$300	\$1630	04/16/2004
	EXAM	IINER	ART U		CLASS-SUBCLASS		
	TRAN, MINH LOAN 2826		257-208000		_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  XX*Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		of a single attorney or 2 tered patent	Pennington

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(b) RESIDENCE: (CITY and STATE OR COUNTRY)				
INTERNATIONAL BUSINESS MACE	HINES CORPORATION, ARMONK, NEW YORK 10504				
Please check the appropriate assignee category or categorie	es (will not be printed on the patent);				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
XXIssue Fee	☐ A check in the amount of the fee(s) is enclosed.				
XXPublication Fee	☐ Payment by credit card. Form PTO-2038 is attached.				
☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).				
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This collection of information is required by 37 CFR 1 obtain or retain a benefit by the public which is to file application. Confidentiality is governed by 35 U.S.C. 12: estimated to take 12 minutes to complete, including gat completed application form to the USPTO. Time will case. Any comments on the amount of time you rec suggestions for reducing this burden, should be sent to Patent and Trademark Office, U.S. Department of 22313-1450. DO NOT SEND FEES OR COMPLET	311. The information is required to (and by the USPTO to process) and 2 and 37 CFR 1.14. This collection is nering, preparing, and submitting the vary depending upon the individual puire to complete this form and/or the Chief Information Officer, U.S. Commerce, Alexandria, Virginia				

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